

## APPENDIX - K



### City of Manchester New Hampshire Welfare Department

1528 Elm Street

Manchester, N. H. 03101-1350

Phone: 603-624-6484 Fax: 603-624-6423

### Power of Attorney, General

I, \_\_\_\_\_ ("Declarant"),  
(Claimant's Name)

residing at \_\_\_\_\_,  
(Address)

hereby appoint \_\_\_\_\_ (Agent)  
(Agent's Name)

of \_\_\_\_\_, as  
(Address)

my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

My Agent shall have full power and authority to act on my behalf in matters and decisions relative to my request for a Fair Hearing dated: \_\_\_\_\_.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent and the City of Manchester Welfare Department.

\_\_\_\_\_  
Declarant/ Claimant's Signature

Date: \_\_\_\_\_